

Harrisburg Human Relations Commission  
Use only

Docket No. \_\_\_\_\_  
EEOC No. \_\_\_\_\_  
Social Security No. \_\_\_\_\_

HRC can investigate complaints of discrimination based upon race, color, religion, ancestry, age (40-70), sex, national origin, non-job related handicap or disability, known association with a handicapped or disabled individual, a general education development certificate, sexual preference/orientation, familial status, place of birth, marital status.

**IN-14 FORM**

**RETALIATION QUESTIONNAIRE**

**Questionnaire on the incident you are complaining about.**

Rev.-10-01

To avoid rewriting your answers, please read this short questionnaire from beginning to end before filling out your answers to individual questions. Please answer every applicable question as fully as possible, and to the best of your present knowledge, information and belief. If you are unsure of your answer, please say so. It is your responsibility to notify this Agency of a change of address or times of unavailability. Failure to notify this Agency may result in dismissal of the matter.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Telephone No. H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_

May we call you at work? Yes \_\_\_\_\_ No \_\_\_\_\_

**Caution:** Failure to correctly identify the name of the legal entity you are complaining about will hinder the processing of your complaint. Bring pay stubs, W-2 forms, contracts, etc. to aid in verification of the name and address.

Name of Organization your complaint is against:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Business \_\_\_\_\_

Number of employees who work at the organization named above. Please check one.

Less than 4 \_\_\_\_\_ 15 to 100 \_\_\_\_\_ 201 to 500 \_\_\_\_\_ Unknown \_\_\_\_\_

4 to 14 \_\_\_\_\_ 101 to 200 \_\_\_\_\_ 501 plus \_\_\_\_\_

Name and address of person who will know how to contact you and who does not reside in your home.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No. H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_

In this Questionnaire, you will see the word "class" mentioned. **Class means the person's race, sex, age, ancestry, religion and so on.** Depending on the issues in the complaint, you may belong to two or more classes. For example, a Black female could belong to two classes: race/Black and sex/female. A White male could belong to race/White and sex, male. All persons named in the complaint or questionnaire should be identified by their class as follows: John Doe (White male), John Doe (under age 40), Jane Doe (Black female). For example, if your complaint is based on race, include the race of all persons mentioned. If it is a sex complaint, mention the sex of all persons mentioned.

1. **Discrimination means difference of treatment.** Please explain what happened to you and why you feel you were treated differently. In other words, what happened to persons of a different class that makes you feel they received more favorable treatment than you.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. If you believe the organization treated you this way because of one or more of the reasons listed below, please check those reasons. If you believe the employer treated you this way for a reason which is not listed, explain what you believe to be the reason.

<input type="checkbox"/> Sex	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Age (40-70)	<input type="checkbox"/> Date of Birth
<input type="checkbox"/> Race	<input type="checkbox"/> National Origin	<input type="checkbox"/> Use of guide dog or support animal	
<input type="checkbox"/> Color	<input type="checkbox"/> GED	<input type="checkbox"/> Sexual preference/Orientation	
<input type="checkbox"/> Religious Creed	<input type="checkbox"/> Retaliation		
<input type="checkbox"/> Place of Birth	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Non-job related handicap/disability	
<input type="checkbox"/> Familial Status		identify your disability _____	

\_\_\_\_\_

3. Do you charge that you were discriminated against because of your previous complaint with the Commission?

Yes \_\_\_\_\_ No \_\_\_\_\_

- 3a. What was the docket number of your original complaint, if known?

Docket No. \_\_\_\_\_

- 3b. Do you charge you were discriminated against because you cooperated in a complaint filed by another employee?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. What is the name of the person who filed a complaint in that investigation?

\_\_\_\_\_

- 4a. What was the docket number of this person's complaint, if known?

Docket No. \_\_\_\_\_

5. Do you charge you were discriminated against because you opposed a discriminatory practice, but you did not file a complaint with the Commission?

Yes \_\_\_\_\_ No \_\_\_\_\_

- 5a. What was the practice; you opposed? \_\_\_\_\_

\_\_\_\_\_

- 5b. When did you engage in opposition to a discriminatory practice?

\_\_\_\_\_

Describe exactly what you did to demonstrate opposition to this discrimination.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. What was the date of retaliation? \_\_\_\_\_

7. Describe in detail what action was taken against you. (Give name, **CLASS** of person(s) taking the action, each date the action was taken and what the action was).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Why do you think the action taken against you was not justified?

\_\_\_\_\_

9. What reason was given to you by the employer for such action(s)?

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10. Give reasons why you feel your employer knew about your original charge with the Commission, your cooperation with an investigation or your opposition to a practice you felt was unlawful. **IT IS IMPORTANT THAT THIS KNOWLEDGE CAME BEFORE THE ACTION TAKEN AGAINST YOU, SO BE SPECIFIC AS TO DATES.**

Use the Continuation Page if more space is needed.

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11. Did you do any of the things your employer has accused you of doing?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain.

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12. Give the name and job titles of all other persons you can think of who did the same or similar thing you were accused of doing, but who were not subjected to action(s), or who were subjected to less severe action(s) than you were. (Use the Continuation Page, if needed.)

Name \_\_\_\_\_

Job Title \_\_\_\_\_ **CLASS** \_\_\_\_\_

When and What did this person do? \_\_\_\_\_

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What action was taken? \_\_\_\_\_

Did those who were treated more favorably, refrain from opposing discriminatory practice?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_

Job Title \_\_\_\_\_ **CLASS** \_\_\_\_\_

When and What did this person do? \_\_\_\_\_

What action was taken? \_\_\_\_\_

Did those who were treated more favorably, refrain from opposing discriminatory practice?

Yes \_\_\_\_\_ No \_\_\_\_\_

13. Did anyone who was treated similarly to you file a discrimination complaint or oppose an unlawful discriminatory practice?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list.

Name \_\_\_\_\_ **CLASS** \_\_\_\_\_

Docket Number of Complaint, If Known \_\_\_\_\_

Name \_\_\_\_\_ **CLASS** \_\_\_\_\_

Docket Number of Complaint, If Known \_\_\_\_\_

Name \_\_\_\_\_ **CLASS** \_\_\_\_\_

Docket Number of Complaint, If Known \_\_\_\_\_

14. If you have filed an earlier discrimination complaint, has the employer's behavior toward you changed in any way, or do you continue to experience more of the same behavior as before you filed your complaint.

\_\_\_\_\_  
\_\_\_\_\_

15. Give the names of any employees who your employer knew had testified, or assisted you in any way during the investigation of your original complaint and explain what they did to help you in your complaint.

Name \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

\_\_\_\_\_

16. To your knowledge, have any actions been taken against any of these employees?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what kind of action has been taken and against which employee?

Employee \_\_\_\_\_

Action Taken \_\_\_\_\_

\_\_\_\_\_

17. Are you a union member?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the name of your union?

\_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Business Agent \_\_\_\_\_

18. Did you file a grievance regarding the above problem?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, attach a copy of the grievance. Explain what step your grievance is now in. Give both step number and letter, and the name and title of the union official dealing with your grievance.

\_\_\_\_\_

\_\_\_\_\_

19. Are you a civil service employee?

Yes \_\_\_\_\_ No \_\_\_\_\_

20. Did you file a civil service complaint regarding the above problem?

Yes \_\_\_\_\_ No \_\_\_\_\_

21. What is/was the status of your civil service complaint, if applicable?

\_\_\_\_\_

22. Have you filed a complaint about this matter with any other commission or agency?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please specify the commission or agency and the date you filed, to the best of your recollection.

Commission or Agency \_\_\_\_\_

Date Complaint Filed \_\_\_\_\_

Docket Number, If Known \_\_\_\_\_

23. Have you taken any court action regarding this matter?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please specify in what court and the date you filed, to the best of your recollection.

Name of Court \_\_\_\_\_

Date Action Filed \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

If there are other facts you feel should be considered, record these on the last page of the questionnaire (Continuation Page).

I hereby verify that the statements contained in this complaint are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. Section 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

( ) \_\_\_\_\_  
Telephone Number

**CONTINUATION PAGE**

For use if additional pages are needed to answer any question(s). Indicate the question number that is being answered before each response below.

[illegible]